

FORM PTO-1083

JUL 05 2006 PATENT
Docket: PD-0448 CON
Date: July 5, 2006

In re the application of: James D. Causey et al.

Serial No.: 09/813,660

Filed: March 21, 2001

For: CONTROL TABS FOR INFUSION DEVICES AND METHODS OF USING THE SAME

I certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office Facsimile Number (571) 273-8300 on the date indicated below:

July 5, 2006
Date of facsimileVivian S. Shin, Reg. No. 43,919
Applicant, Assignee, or Registered Rep.

Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In the above-identified application, transmitted herewith are:

- an Amendment, and
- a Terminal Disclaimer to Obviate a Double Patenting Rejection Pursuant to 37 C.F.R. § 1.321(c).

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE	FEE	OR	ADDIT. RATE	FEE
TOTAL	20	MINUS 41	= -0-	x 25	\$	OR	x 50	\$-0-
INDEP CLAIMS	1	MINUS 7	= -0-	x 100	\$	OR	x 200	\$-0-
[X] TERMINAL DISCLAIMER FEE					\$65	OR	+360	\$130
				TOTAL	\$	OR	TOTAL	\$130

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Vivian S. Shin
Reg. No. 43,919MEDTRONIC MINIMED, INC.
18000 Devonshire Street
Northridge, CA 91325-1219
Telephone: (818) 576-5291
Facsimile: (818) 576-6202

VIA FACSIMILE TO (571) 273-8300 - PAGES 13 (INCLUDING THIS TRANSMITTAL PAGE)